



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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## Application Number 09/857,281 Filing Date **TRANSMITTAL** December 1, 1999 First Named Inventor **FORM** Stefan SCHAFFLER Art Unit 2123 (to be used for all correspondence after initial filing) Examiner Name K. Thangavelu Attorney Docket Number 449122016600 Total Number of Pages in This Submission

| ENCLOSURES (Check all that apply)                |                         |  |        |  |  |  |  |  |  |
|--|-------------------------|--|--------|--|--|--|--|--|--|
| X Fee Transr                                     | mittal Form             | Drawing(s)   |        | After Allowance Communication to TC                              |  |  |  |  |  |
| Fee /  | Attached                | Licensing-related Papers                               |        | Appeal Communication to Board of Appeals and Interferences       |  |  |  |  |  |
| Amendment/Reply                                  |                         | Petition   |        | X Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |  |  |  |  |
| After  | Final                   | Petition to Convert to a Provisional Application       |        | Proprietary Information  |  |  |  |  |  |
| Affidavits/declaration(s)                        |                         | Power of Attorney, Revocat<br>Change of Correspondence |        | Status Letter  |  |  |  |  |  |
| X Extension of Time Request                      |                         | Terminal Disclaimer                                    |        | X Other Enclosure(s) (please Identify below):                    |  |  |  |  |  |
| Express Abandonment Request                      |                         | Request for Refund                                     |        | Return Receipt Postcard  |  |  |  |  |  |
| Information Disclosure Statement                 |                         | CD, Number of CD(s)                                    |        |  |  |  |  |  |  |
| Certified Copy of Priority Document(s)           |                         | Landscape Table on CD                                  |        |  |  |  |  |  |  |
| Reply to Missing Parts/ Incomplete Application   |                         | Remarks  |        |  |  |  |  |  |  |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53 |                         |  |        |  |  |  |  |  |  |
|  |                         |  |        |  |  |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT       |                         |  |        |  |  |  |  |  |  |
| Firm Name  | MORRISON & FOERSTER LLP |  |        |  |  |  |  |  |  |
| Signature Albrich & Alarbola                     |                         |  |        |  |  |  |  |  |  |
| Printed name                                     | Deborah S. Gladstein    |  |        |  |  |  |  |  |  |
| January 20, 2006                                 |                         | Reg. No.   | 43,636 |  |  |  |  |  |  |

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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| Ei   |  | Complete if Known                |                                      |                 |                        |               |             |  |  |  |  |
|--|--|----------------------------------|--------------------------------------|-----------------|------------------------|---------------|-------------|--|--|--|--|
| Fees pursuant to the Cons  | Application Number 0   |                                  | 09/857,281                           |                 |                        |               |             |  |  |  |  |
| FEE TI   | Filing Date  |                                  | December 1, 1999                     |                 |                        |               |             |  |  |  |  |
|  | First Named In   | ventor                           | Stefan SCHAFFLER                     |                 |                        |               |             |  |  |  |  |
| F-   | Examiner Nam   | е                                | K. Thangavelu                        | 1               |                        |               |             |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27  |  |                                  | Art Unit 2123                        |                 | 2123                   |               |             |  |  |  |  |
| TOTAL AMOUNT OF  | Attorney Docke   | Attorney Docket No. 449122016600 |                                      |                 |                        |               |             |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| Check Credit Card Money Order None Other (please identify):  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| For the above-   | For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |                                  |                                      |                 |                        |               |             |  |  |  |  |
| x Charge f   | ee(s) indicated  | below                            | Char                                 | ge fee(s) in    | idicated below, ex     | xcept for the | filing fee  |  |  |  |  |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| FEE CALCULATION  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| <u> </u>   | -  |                                  | EARCH FEES                           | EXAMI           | NATION FEES            |               |             |  |  |  |  |
| Application Type   | Eac (\$)   | Small Entity                     | Small Entity                         |                 | Small Entity           | Easa Da       | id (\$\     |  |  |  |  |
| Utility Utility  | Fee (\$)<br>300  | Fee (\$) Fee                     |                                      | Fee (\$)<br>200 | <u>Fee (\$)</u><br>100 | Fees Pa       | iia (a)     |  |  |  |  |
| ,  | 200  | 100 100                          |                                      | 130             | 65                     | -             |             |  |  |  |  |
| Design   |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| Plant  | 200  | 100 300                          |                                      | 160             | 80                     |               |             |  |  |  |  |
| Reissue  | 300  | 150 500                          |                                      | 600             | 300                    |               |             |  |  |  |  |
| Provisional  | 200  | 100                              | 0                                    | 0               | 0                      |               | <del></del> |  |  |  |  |
|  | 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| Fee Description Each claim over 20 (ir   |  | 50                               | 25                                   |                 |                        |               |             |  |  |  |  |
| Each independent clair   |  | 200                              | 100                                  |                 |                        |               |             |  |  |  |  |
| Multiple dependent cla   | •  | ,                                |                                      |                 |                        | 360           | 180         |  |  |  |  |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims   |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| - =  | x  |                                  | 1 14/                                | _               |                        | ee Paid (\$)  |             |  |  |  |  |
|  |  |                                  |                                      | _               |                        |               |             |  |  |  |  |
| Indep. Claims E  | xtra Claims  | Fee (\$) Fee                     | Paid (\$)                            |                 |                        |               |             |  |  |  |  |
| -=   | х  | =                                |                                      |                 |                        |               |             |  |  |  |  |
| 3. APPLICATION SIZE FEE  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =                              |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| 4. OTHER FEE(S)  Fees Paid (\$)  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| Non-English Specia   | fication, \$130  | fee (no small entity dis         | count)                               |                 |                        |               |             |  |  |  |  |
| Other (e.g., late fili   | h  | 1,020.00                         |                                      |                 |                        |               |             |  |  |  |  |
| 1401 Notice of appeal 500.00   |  |                                  |                                      |                 |                        |               |             |  |  |  |  |
| SUBMITTED BY   |  | 111                              |                                      |                 |                        |               |             |  |  |  |  |
| Signature De   | borner 1   | Hills                            | Registration No.<br>(Attorney/Agent) | 43,636          | Telephone              | (703) 760     | -7753       |  |  |  |  |
| Name (Print/Type) Debo   | January 20, 2006   |                                  |                                      |                 |                        |               |             |  |  |  |  |
|  |  |                                  |                                      |                 |                        |               |             |  |  |  |  |